

MUNICIPALITY OF ROBERTSDALE, ALABAMA LODGING TAX

ACCOUNT NUMBER _____

MAIL THIS RETURN WITH REMITTANCE TO:

REPORTING PERIOD _____

(This return only for the business shown below).

Total Amount Enclosed

\$ _____

Has a change occurred in Taxpayer Name, Trade Name, Mailing Address, Business Address, or Number of Outlets?

___Yes ___No

Is this a final return? ___Yes ___No

If yes, attach explanation. _____

Type of Tax/Tax Area	(A) Gross Sales	(B) Total Deductions	(C) Net Taxable (Column A - Column B)	(D) Tax Rate	(E) Gross Tax Due (Column C X Column D)
Lodging Tax - City Limits				4%	
Lodging Tax - Police Jurisdiction				2%	

This return must be postmarked by the 20th day of the month following the reporting period for which you are filing to be considered a timely return.

By signing this report I am certifying that this report, including any accompanying schedules or statements, has been examined by me and is to the best of my knowledge and belief, a true and complete report for the period stated.

Date: _____ Title: _____

Signature: _____

Form Date: 04-2009

(1) TOTAL TAX DUE <small>(Total of Column E)</small>	
(2) PENALTY (Failure to Timely File) <small>The greater of 10% or \$50.00</small>	
PENALTY (Failure to Timely Pay) 10%	
(3) INTEREST <small>Item 1 X 1%</small>	
(4) DISCOUNT (If timely filed and paid) <small>5% on \$100 or less / 2% on tax over \$100</small>	
(5) NET TAX DUE (Timely - Item 1 - Item 4) <small>(If delinquent, Items 1 + 2 + 3)</small>	
TOTAL AMOUNT DUE & ENCLOSED	

